

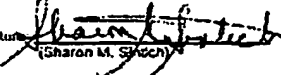
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Date: December 14, 2005	Signature:  (Sharon M. Stach)

Docket No.: 9189
(01017/40451B)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Brockhaus et al.

Application No.: 08/444,790

Art Unit: 1646

Filed: May 19, 1995

Examiner: Z. Howard

For: HUMAN TNF RECEPTOR*File only*SUPPLEMENTAL AMENDMENTMS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This amendment supplements the amendment submitted via facsimile on October 5, 2005, which was timely filed in response to the Office Action mailed April 5, 2005 with a petition and fee for three months extension of time.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 8 of this paper.

Application No.: 08/444,790

Docket No.: 01017/40451B

REMARKS

The foregoing amendment corrects typographical errors within the pending claims. In particular, a comma was inserted before the wherein clause of dependent claims 102, 103, 105, 111, 112, 113, 123, 124, 132 and 133. In addition, the term "any one of claims" was omitted from claim 104. New claim 138 is directed to a recombinant protein produced by CHO cells, which is supported at page 17, line 1 of the specification. These amendments do not add new matter to the application.

Applicants believe all pending claims are in condition for allowance. If further discussion or amendments would expedite allowance of the claims, the Examiner is asked to contact the undersigned at the number below.

Dated: December 14, 2005

Respectfully submitted,

By 

Sharon M. Sintich

Registration No.: 48,484

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Attorney for Applicant

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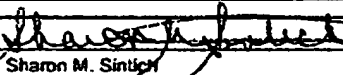
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PTO/SB/17 (12-04v2)

Approved for use through 7/31/2009. OMB 0551-0032

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4813). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number: 08/444,780-Conf. #5612 Filing Date: May 19, 1995 First Named Inventor: Manfred Brockhaus Examiner Name: J. Murphy Art Unit: 1646 Attorney Docket No.: 01017/40451B					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27							
TOTAL AMOUNT OF PAYMENT (\$) 1,020.00							
METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 13-2856 Deposit Account Name: MARSHALL, GERSTEIN & BORUN LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 (including Reissues)	50	25					
Each independent claim over 3 (including Reissues)	200	100					
Multiple dependent claims	360	180					
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	
20 =	x	=					
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
3 =	x	=					
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
100 =	750	(round up to a whole number) x	=				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1253 Extension for response within third month	1,020.00						
SUBMITTED BY							
Signature: 	Registration No. (Attorney/Agent): 48,484	Telephone: (312) 474-6300					
Name (Print/Type): Sharon M. Sinitich	Date: October 5, 2005						

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Dated: October 5, 2005

Signature:  (Sharon M. Sinitich)